



907.271.1414 tel 907.271.1415 fax 888.480.4321 toll free www.denali.gov

## Denali Training Fund Quarterly Progress Report

Funds for this project are provided by the USDOL and the Denali Commission and managed, in partnership, by the Alaska Department of Labor and Workforce Development.

Name of Organization: Tanana Chiefs Conference

Name of Project: Denali Youth – Employability skills and Training ref# 796193

Reporting Period: October 1 – December 31, 2009

Contact Person: Rachel Perkins, Youth Employment Services Coordinator

Contact Number: (907) 586-6806 ext 264 Email: lindak@serrc.org

Address: 122 First Avenue, Suite 600 Fairbanks, AK 99701

Expenditures to date: \$44,602.49

Certification: I certify that the information in this report is current, correct and true and in accordance with the terms and conditions of the agreement.

Signed by: Dated 12010

1. In a few sentences, please describe the scope of your project:
Our project is to train youth for the Dental Assistant program offered through UAF and Wildland Firefighting Training offered through BLM and provide outreach for those programs.

## 2. Project Activities for this Reporting Period:

Describe the grant activities that happened during this report period. Include planning, advertisement and/or training performance that occurred this quarter? List any accomplishments achieved. (Attach advertisements if applicable)

We did not have any activity this reporting period – but we were in the planning stages for the Wildland and Firefighting training to be held in February 2010. We purchased supplies for the training and are in the process of setting up the training.

3. Scheduled Project Activities/Important Dates for next quarter:

Describe your planned activities and training for next few months. Please include important dates like graduation, site visits, travel, job fairs, etc. We are currently preparing for a Wildland Firefighting training in the Tok Region in February, 2010. We will also be traveling to various villages to meet with youth, discuss the job outlook and conduct job readiness workshops.

- 4. a. How many are in your training program during this reporting period?
- b. How many people have been trained and/or certified to date from this grant?

(Please complete form below.)

5. Please list complete the list by putting the community to which each individual trained is from, the type of training and certification, the graduation date and who will employ them upon completion of training.

| Community where trainee lives | Type of<br>Training/<br>Service | Type of<br>Certification<br>to be<br>earned/earned | Dates of<br>training | Graduation<br>Date | Employment commitment after training is complete |
|-------------------------------|---------------------------------|--|----------------------|--------------------|--|
| MAA.                          |                                 |  |                      |                    |  |
|                               |                                 |  |                      |                    |  |
|                               |                                 |  |                      |                    |  |
|                               |                                 |  |                      |                    |  |
|                               |                                 |  |                      |                    |  |
|                               |                                 |  |                      |                    |  |
|                               |                                 |  |                      |                    |  |
|                               |                                 |  |                      |                    |  |
|                               |                                 |  |                      |                    |  |
|                               |                                 |  |                      |                    |  |
|                               |                                 |  |                      |                    |  |
|                               |                                 |  |                      |                    |  |
|                               |                                 |  |                      |                    |  |
|                               |                                 |  |                      |                    |  |
|                               |                                 |  |                      |                    |  |
|                               |                                 |  |                      |                    |  |
|                               |                                 | ti-fi-fi-yez-                                      |                      |                    |  |

Please copy and use another sheet if you need more spaces.

6. Please identify any problems or changes in your training project that will affect the budget, scope or timeline of the project. Is your training on schedule? What are the reasons for any difficulties or delays? Are you over budget/under budget? Have you had to change the initial scope? We extended our grant in order to hold the Wildland Firefighter training in a timely manner. We needed to order the supplies and hire the trainers.

Please provide an explanation to this change and your resolution to the variance. We didn't have enough time to conduct the training by the end of our reporting period of 12/31/09 so we were able to amend the grant to end in March. This will give us plenty of time to host the training, which we will use as a pilot project for our region. If it goes well, we will provide the training to all our villages in the region by subregions.

- 7. How are you or will you be evaluating the individuals being trained to ensure competency, skill level and understanding? (Testing, assessment, etc)
  Testing and assessment by the instructors. Attendance etc.
- 8. Please identify areas that we can assist you in the future. none